

# **HIV (AIDS VIRUS) ANTIBODY BLOOD TEST CONSENT FORM**

## **Public Health - Seattle & King County**

### **Introduction**

Human immunodeficiency virus (HIV) is the cause of acquired immunodeficiency syndrome (AIDS). All persons infected with HIV can spread it to others through unprotected sex, needle sharing, and donating blood or other tissues. Infected mothers can also spread HIV to newborns. Testing for HIV infection is voluntary. Read this sheet carefully to help you decide whether to be tested or not.

### **What the Test Means**

This test detects antibodies to HIV, not the virus itself. Antibodies are the body's reaction to the virus.

A POSITIVE test means that a person is infected with HIV and can pass it to others. By itself, a positive test does not mean that a person has AIDS, which is the most advanced stage of HIV infection.

A NEGATIVE test means that antibodies to HIV were not detected. This usually means that the person is not infected with HIV. In some cases, however, the infection may have happened too recently for the test to turn positive. The blood test usually turns positive within 1 month after infection and in almost all cases within 3 months. Therefore, if you were infected very recently, a negative test result could be wrong.

False results (a negative test in someone who is infected, or a positive test in someone who is not infected) are rare. Indeterminate results (when it is unclear whether the test is positive or negative) also are rare. When a test result does not seem to make sense, a repeat test or special confirmatory tests may help to determine whether a person is or is not infected.

### **Benefits of Being Tested**

There are substantial benefits to being tested. Most infected persons will benefit from medication that delay or prevent AIDS and other serious infections. Test results also can help people make choices about contraception or pregnancy. Therefore, all infected persons should have a complete medical checkup, including tests of the immune system, to help their health care providers recommend the best health care.

There are other reasons to be tested. Even though everyone should follow safer sex guidelines, whether or not they are infected with HIV, many persons find that knowing their test results helps them to protect their partners and themselves. Some persons want to know their test results before beginning a new sexual relationship or becoming pregnant. Others will be reassured by learning that they are not infected.

### **Risks and Disadvantages of Being Tested**

Many persons with positive or indeterminate test results will experience stress, anxiety, or depression. Some persons with negative tests may continue or increase unsafe behaviors, which would increase the risk of HIV infection. Some persons are afraid that their test result will get into the wrong hands, and that discrimination might result. (See Privacy and Confidentiality, below.) For these reasons, you should consider your social supports (such as family and friends) and your insurance needs before you are tested.

### **Privacy and Confidentiality**

We keep a record of the health care services we provide to you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it from your health care provider.

Washington State law requires that health care providers and laboratories report to the local health department the name of anyone infected with HIV. However, the report is coded and the name is destroyed after 90 days. No lists of names are maintained. Penalties for violations of the confidentiality laws are severe.

Anonymous HIV testing is available. If you test anonymously, your record will contain only your personal code, not your name. To assure that results are provided only to the person who tested, you must confirm your identity with your personal code when you return or call for your results.

### Other Information

In some instances, results will be available by telephone. However, if your result is positive, you should return for counseling in person.

If your test is positive and you do not call or return to learn the result, we will try to contact you to tell you the result and provide you with appropriate counseling. If your HIV test is positive, persons with whom you have had sex or shared needles need to be informed that they may be infected and that they should be tested for HIV. If you are unable to inform your partner(s) or do not wish to do so, we can do it for you without disclosing your identity.

Your blood test result, as well as information about you that we collect at the time of testing, may be used for research purposes. Also, we may store a sample of your blood to check the quality of our HIV testing methods. Even if your name is in your record, your identity will not be known to the person or persons analyzing data or preparing materials for publication or presentations.

### Consent for HIV Testing

I have read and understand the above information. I have been advised of the nature of the HIV blood test; what the results would mean; and the benefits and risks of being tested. I understand that I have the alternative of not being tested. I hereby authorize Public Health-- Seattle & King County to perform this test and to release the results to me.

### Consent for Treatment

I hereby request and authorize that I receive any and all medical and dental health care and services available from and deemed necessary by the medical/dental staff of Public Health--Seattle & King County. These services may include, but are not limited to, such procedures as x-rays, blood studies, photographs, and immunizations. Consent is given for the release of test results from the above procedures by telephone to myself.

_____	_____
Name or code of person testing	Unique code
Signature/Relationship	Date

### Certification

I certify that the person named above has been given an opportunity to read the above information and ask questions, that he or she understands the issues discussed, that his or her decision to undergo HIV testing is an informed and voluntary one, and that I have witnessed his or her signature.

_____	_____	_____
PHSKC Provider	Interpreter	Date

### CONSENT / CERTIFICATION FOR REPEAT TESTS

_____	_____	_____	_____
Signature/Relationship	Code	Provider	Date
_____	_____	_____	_____
Signature/Relationship	Code	Provider	Date
_____	_____	_____	_____
Signature/Relationship	Code	Provider	Date
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Signature/Relationship	Code	Provider	Date